

Health Department, City of Baltimore.

Permit No. *99170*

Office of Registrar of Vital Statistics.

Ward *1*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *9th April*
Full Name of Deceased, *Gustav Lierseemann*
Sex, Male or Female, *Male*
Age, *55* Years, *8* Months, *8* Days.
Color, *white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, *Widower*
Occupation, *Miller*
Birth Place, *Exan, Silesia, Germany*
Duration of Residence in the City of Baltimore, *6 years*
Place of Death, *Harvest Street 1225 (Canton)*
Cause of Death, *Tuberculosis Pulmonum*
Duration of Last Sickness, *1 year*

Place of Burial, *Mount Carmel Cemtry.*
Date of Burial, *April 11th 1887*
Undertaker, *Wm. Nicolaus*
Place of Business, *1715 Alice Ann.*
Address, *S. Walcott 318.*
Medical Attendant, *William Henkel M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99171 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant no^t named, give names of parents. } Lena Wackter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 16 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 Years.

Place of Death, { Give street and Number. } 733 Luzerne Street

Cause of Death, { First, (Primary), Second, (Immediate), } Inflammation of the brain -
About ten days.

Duration of Last Sickness, About ten days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church.

Date of Burial, Apr 11th 87

{ Undertaker, G. P. Frank } N. J. Dahill, Jr. M. D.,
Medical Attendant.

{ Place of Business, G. P. Frank & Wolf } Address, 705 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

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Health Department, City of Baltimore.

Permit No. 99172 Office of Registrar of Vital Statistics.

Ward 2ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 8th, 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Graf
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 3 Years, 5 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 729 S. Dallas St

Cause of Death, { First (Primary), Pneumonia Second (Immediate), Convulsions }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 11, 1887

Undertaker, E. Franco John H. Rehberger M. D. Medical Attendant.

Place of Business, Bank & Wolf St. Address, 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

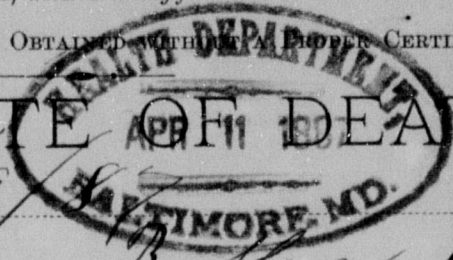
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99173 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 4/9/97

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Upshur

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 176 Pearl St.

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis & smokes

Duration of Last Sickness, Croup for 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Md. F. B. Gardner

Date of Burial, April 11 1897 } G. A. Stennings M. D.

{ Undertaker, McChane } Medical Attendant.

{ Place of Business, 641 Howard St. } Address, Franklin & Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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Health Department, City of Baltimore.

Permit No.

99174

Office of Registrar of Vital Statistics.

Ward

9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1887. 9 A.M.

Full Name of Deceased, Isaac Kell

Sex, Male or Female, Male

Age, 77 Years,

Color, White Months, Days,

Married, Single, Widow or Widower, Single

Occupation, Unknown

Birth Place, Atlanta, Georgia

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, City Hospital, N.W. cor. Calvert & Constance Sts.

Cause of Death, First (Primary), Chronic Infl. Kidneys, Stricture? Second (Immediate), Cerebral Apoplexy

Duration of Last Sickness, in this Hospital from Apr 6th to Apr 9th 1887.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, 12th April 1887

Undertaker, M. Jenkins & Sons

Place of Business, Park & Saratoga Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99175 Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 9, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Spriggs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 7 Months, - Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Boat

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 226 Wayne St

Cause of Death, { First (Primary), Second (Immediate), } Acute
Phthisis

Duration of Last Sickness, 1 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Anthony's Cemetery

Date of Burial, April 11, 1887

Undertaker, Herold & Co M. D.

Place of Business, 578 N. Howard St Address, 578 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cn 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99176 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, Harry James

Sex, Male or Female, Male

Age, 1 Years, 1 Months, 6 Days

Color, Colored

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, 2022 Ething St

Cause of Death, Pneumonia - acute
Asthma

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Banister

Date of Burial, Apr 10 1887

Undertaker, Wm Madden

Place of Business, 46 East St

Eugene Fordell M. D.
Medical Attendant.

Address, 325 Oak St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 99177 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Turnbull

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 28 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give Street and Number. } 520 N. Carrollton Dr.

Cause of Death, { First (Primary), Second (Immediate), } Erysipelas of face and scalp

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial, London Park

Date of Burial, April 11th 1887

{ Undertakers, Denny & Beatchell } Geo. W. Hiltner M.D. Medical Attendant.

{ Place of Business, 550 W. Fayette St. } Address, 219 W. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 99178

Office of Registrar of Vital Statistics.

Ward

10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday April 9th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche E. Boulden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, Ten Months, Sixteen Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 544 W. Saratoga St. Balto. ✓

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 544 W. Saratoga St.

Cause of death, { First, (Primary,) Pneumonia }
{ Second, (Immediate,) _____ }

Duration of Last Sickness, Nearly two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 11th

{ Undertaker, William A. Dungee }

{ Place of Business, 150 East St }

James S. Halks M. D.,
Medical Attendant.

Address, 312 Pearl Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks herein, and to Date of Death on back of this Certificate.

Health Department City of Baltimore.

Permit No. 99179 Office of Registrar of Vital Statistics. Ward 7 ¹¹/₉

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Eisvharosh

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 530. N. Gay St.

Cause of Death, { First (Primary), Intes Fucal obstruction
Second (Immediate), Collaps &

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, April 12 1887

{ Undertaker, Henry Hoerh } Geo. Shoner M. D. Medical Attendant.

{ Place of Business, 1028. Pleasant St. Address, Geo. Shoner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

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[OVER.]